

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010699

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 58

FILED MAR 22 1962

1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)

Willow Springs

Length of stay in 1b

Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howell

c. CITY OR TOWN Willow Springs

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

305 W.4th.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Manuel

Middle

E.

Last

MESSER

4. DATE OF DEATH

Month

Day

Year

March 13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/3/83

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

1 16

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Springfield, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frank Messer

13b. MOTHER'S MAIDEN NAME

Mary Buell

14. NAME OF HUSBAND OR WIFE

Louisa M. Messer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Louisa M. Messer, Willow Springs, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary heart

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at Approx. 11 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Cook

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

3/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/16/62

23c. NAME OF CEMETERY OR CREMATORY

Vales, Rt. 1, Spgf., Ohio

23d. LOCATION (City, town, or county)

Springfield, Ohio.

24. FUNERAL DIRECTOR

Burns Funeral Home, Willow Springs, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAR 15 1962

26. REGISTRAR'S SIGNATURE

T. J. P. Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0460

2 0460

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-3

13 3-0

APR 3 1962

STATEMENT BY LICENSED EMBALMER

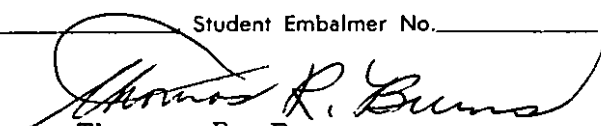
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed


Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.